

**LIPOMA OF THE INTESTINE OCCURRING IN A
CHILD THIRTEEN MONTHS OLD AND CAUSING
SYMPTOMS OF INTESTINAL OBSTRUCTION.**

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LIPOMA, as an intestinal tumor, occurs very infrequently. Hiller in 1899 collected twenty-three cases. A later review by Ward, including the cases reported by him, increased the number to thirty-five and in a recent very comprehensive review, Dewis has added nine additional reports. The rarity of the lesion, the early age at which it appeared in the case here given, the peculiar symptoms to which it gave rise and the fact that the literature contains no reference to a similar condition in an infant, makes the following report worthy of publication.

Clinical History.—Female, aged 13 months, appeared for operation Sept. 13, 1906, with symptoms of intestinal obstruction.

Family History.—Negative.

Past History.—The child was born July 12, 1905, after a normal labor. It was breast fed and appeared well nourished at first but later showed slight signs of rickets. Two or three months after birth, the mother noticed that the left side of the abdomen appeared unusually full and round. She attributed this, however, to the healthy condition of the child. At that time there were no stomach symptoms, but a slight "colic" appeared which continued daily for four or five months. The attacks later however diminished in frequency, there being intervals of two or three weeks, during which the child appeared perfectly well. Defecation has always occurred two or three times a day. The feces were soft in consistency; well formed stools have never been seen.

Present illness began July 15 with vomiting and marked

flatus. Rectal enemas were given and afforded complete relief. The child then remained well until August 7 when she had a similar attack, the same treatment again proving effective. During these attacks the mother noticed a "bunch" in the left side of the abdomen, which remained after the attacks had subsided. She had similar attacks on August 20 and 30. On September 9 continuous vomiting developed and marked constipation which nothing could relieve. The patient became steadily worse and was brought to the Benedictine Sanitarium in Kingston, N. Y., September 13, 1906. At this time the child was in a precarious condition; the pulse was barely perceptible; the abdomen markedly distended and vomiting continuous.

Operation.—Ether anaesthesia. Incision in the median line. Removal of a large pedunculated tumor occupying the right portion of the abdominal cavity and attached to the sigmoid flexure opposite the mesenteric attachment by a short pedicle 10 cm. in length. The tumor had rotated in such a way that the intestine was twisted twice. The tumor was removed by cutting the pedicle close to the intestinal wall. The child made an uneventful recovery and left the sanitarium two weeks later.

Pathological Examination.—The specimen consists of a kidney-shaped mass $12 \times 7 \times 9$ cm. with a broad pedicle attached to the concave side or "hilum." The surface is everywhere smooth and glistening. Beneath the surface are numerous hæmorrhagic areas averaging 2.5 cm. in the greatest diameter. At the point of attachment, the mass is definitely lobulated. On section, the yellow tissue is mottled with numerous hæmorrhagic areas, which are especially abundant at one pole of the tumor. The tumor substance shows in places a division by fine strands of connective tissue into definite and rather large lobules. Elsewhere it presents a lamellated appearance, no lobules being visible. The mass is rather elastic in consistency and on pressure a fatty material is expressed. Microscopic examination reveals a pure lipoma with areas of hæmorrhage.

Anatomical Diagnosis.—Lipoma with numerous areas of hæmorrhage.

REFERENCES.

- Hiller, T. Ueber Darmlipome, Beiträge z. klin. Chir., 1899, xxiv, 509.
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